



City of Milwaukee Fiscal Impact Statement

A

Date January 6, 2011 **File Number** 101069

Subject Substitute resolution amending Common Council File #100485 relative to application, acceptance and funding of the Refugee Health Screening Grant from the State of Wisconsin - Department of Workforce Development.

B

Submitted By (Name/Title/Dept./Ext.) Yvette Rowe, Business Operations Manager, Health Department, X3997

C

- This File**
- ☐ Increases or decreases previously authorized expenditures.
 - ☐ Suspends expenditure authority.
 - ☐ Increases or decreases city services.
 - ☐ Authorizes a department to administer a program affecting the city's fiscal liability.
 - ☐ Increases or decreases revenue.
 - ☒ Requests an amendment to the salary or positions ordinance.
 - ☐ Authorizes borrowing and related debt service.
 - ☐ Authorizes contingent borrowing (authority only).
 - ☐ Authorizes the expenditure of funds not authorized in adopted City Budget.

D

This Note ☐ Was requested by committee chair.

E

Charge To

<input type="checkbox"/> Department Account	<input type="checkbox"/> Contingent Fund
<input type="checkbox"/> Capital Projects Fund	<input type="checkbox"/> Special Purpose Accounts
<input type="checkbox"/> Debt Service	<input checked="" type="checkbox"/> Grant & Aid Accounts
<input type="checkbox"/> Other (Specify) _____	

F

Assumptions used in arriving at fiscal estimate.

G

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages			
Supplies/Materials			
Equipment			
Services			
Other			
TOTALS		\$0	\$0

H

For expenditures and revenues which will occur on an annual basis over several years check the appropriate box below and then list each item and dollar amount separately.

☐ 1-3 Years ☐ 3-5 Years

☐ 1-3 Years ☐ 3-5 Years

☐ 1-3 Years ☐ 3-5 Years

I

List any costs not included in Sections E and F above.

J

Additional information.
